Monthly Monitoring of Sites

All DD licensed and certified foster homes for children and adults, and 24-hour residential sites (including State Operated Programs) serving people with developmental disabilities will receive a quarterly visit from a County Developmental Disability Program Services Coordinator, or in some cases a SPD Children's Residential Services Coordinator.

This visit provides a regular forum for observation, review and monitoring of an individual's needs and service. **Note that quarterly site reviews are not intended to replicate a licensing review**, rather to ensure that services coordinators are in the home quarterly, and that they are aware of ongoing needs or new issues regarding the individuals they serve. Services Coordinators will be called upon to use their observation skills to detect potential health and safety issues, and their professional judgment to respond accordingly.

 A set of checklists has been adopted for SCs use. Although answers to the questions provide a "snapshot in time, the information may, over time, provide indicators of progress or signal the need for change.

The Community Developmental Disability Program OAR 411-320-0130 sets forth expectations for implementation of the ISP. As Service Coordinators utilize these checklists, it will be important that the following issues also be evaluated:
- ➢ Are services being provided as described in the plan document and do they result in the achievement of the identified action plans?
- ➢ Are the personal, civil and legal rights of the individual protected in accordance with this rule?
- ➢ Are the personal desires of the individual, the individual's legal representative or family addressed? and
- ➢ Do the services provided for in the plan continue to meet what is important to and for the individual?

The need for flexibility at the CDDP level for implementing the quarterly visits coupled with the request from providers for consistent monitoring expectations prompted this interpretive guide. The next page describes the basic expectations of the Office of Developmental Disability Services.

The guidelines which accompany these checklists have been written specific to each question, and include suggestions and "best practice." Rule citations are included where helpful and relevant.

Expectations

1. Each CDDP shall ensure that all DD licensed or certified foster homes for children and adults, and 24-hour residential sites (including State Operated Programs) serving people with developmental disabilities will receive a quarterly visit from a Services Coordinator. In children's homes that are directly contracted through the state, a SPD Children's Residential Service Coordinator shall provide the quarterly visit, unless negotiated differently between the county and the SPD Residential Service Coordinator.

2. A Services Coordinator shall review all required monitoring questions for each person residing in a 24-hour residential home at least once a year.

3. According to Oregon Administrative Rules, the financial questions must be reviewed twice a year.

4. The Department has developed monitoring checklists for: medical issues; behavioral needs; financial and personal property review; the ISP; and a facility review. The facility review is not required, but is often used as a way to document review of the facility.

4. A CDDP may choose how to implement the quarterly site visit and with the service review process. Some SC's complete one entire checklist for one person each visit. Some SC's complete one aspect of the checklist, for example, the behavior checklist for all the people living in the home one visit, the financial the next visit, etc.

5. A copy of the checklist shall be provided to the site/agency, following the monthly visit.

Monthly Site Review Guidelines
Medical Service Review

Checklist Item	Things that may be considered during review
1. Are Supports & Protocols in place as identified on the ISP?	➤ Health concerns requiring a protocol are clearly identified in the ISP. ➤ Aspiration, Constipation, Dehydration and Seizure protocols have a required format. ➤ Protocols are filled out completely. ➤ Legible. ➤ Evidence (documentation) that indicates the protocols are being followed. Make note if there is no documentation of use of protocols. ➤ Protocols are onsite and accessible to the staff. Observations indicate staff understand the protocols and how to use them. (This is not a "pop quiz" for the staff, so use skills in observation). ➤ Can you tell that identifying the risks was a shared process that included input from home and employment providers, and any others who would know specifics about those risks? ➤ Is there evidence that historical information of risks is maintained over time? ➤ Are there written supports designed to minimize each risk?
2. Are there any emerging medical concerns? List:	➤ Talk to the person, if possible, (and staff) regarding his or her health. ➤ Concerns are noted in writing. ➤ A plan exists for following up on the noted concerns. ➤ Are behaviors changing that could be an indicator of pain or discomfort? ➤ Are there complaints about physical well being? ➤ Has the person lost or gained weight? Suggest tracking weight on the note page; is there an increase or decrease of at least 5 pounds since the last weight check? ➤ Has skin color changed? ➤ Is the person sleeping more or less than usual? ➤ Are finger and toenails clipped? ➤ Are feet free of sores and extreme dryness? ➤ Have there been any hospitalizations/ER visits during this review period?
3. Are routine appointments happening?	➤ Documentation shows dental, doctor and other specialist appointments are scheduled as needed or required. (Each person shall receive a medical evaluation by a qualified health care provider no less than every two years, or as recommended by a physician) ➤ Records of visits to licensed health professionals include documentation of the consultation and therapy provided. ➤ Follow up recommendations and necessary actions are noted. ➤ It is appropriate to check the N/A box if the appointment is not needed for another year. ➤ Noting the date of the last physical, dental, vision, psychiatric or other appointment may be helpful in the NOTES section.
a. Did recommended follow through occur?	➤ Identifying follow up that did not occur may be helpful in the notes section, so that the provider is also cued to the need for follow through. ➤ It is appropriate to check the N/A box if there have been no recommendations for follow through.

4. Did you review the Medication Administration Record?	➢ Check to make sure that the person's name is on the MAR. ➢ The following should be included on the MAR: transcription of the written physician's or licensed health practitioner's order; brand or generic name of medication; prescribed dosage; frequency; and administration method. ➢ Known allergies or adverse drug reactions are noted on the MAR. ➢ Does the MAR match the Physician visit record/ Doctors orders/ Rx labels?
a. Does the MAR indicate medications were given as directed?	➢ Times and dates of administration or self-administration are noted. ➢ A signature is present of the person administering the medication (or the persons' signature if (s)he is self administering). ➢ Explanation noted if a PRN is administered. ➢ Documentation exists, describing the effectiveness of the PRN. ➢ Medication administration irregularities are noted. ➢ Written explanation provided for medication irregularities. ➢ Staff signatures are present to acknowledge medication irregularities. ➢ Evidence that appropriate follow up activity occurred following a med error (e.g. late missed medication protocol implemented). ➢ Medications are present, locked and secured. ➢ Bubble packs appear to be used according to schedule; pills appear to have been given (no remaining pills for dates past).
b. Are psychotropic medications being used?	➢ Psychotropic medications may include, but are not limited to anti-psychotic, antidepressant, anxiolytic (anti-anxiety) and behavior medications. ➢ Psychotropic medication is prescribed with the intent to affect or alter thought processes, mood or behavior. Sometimes psychotropic medication is prescribed for other health reasons. When psychotropic medication is prescribed to alter thought process, mood or behavior, the protections described in the OAR must be met.

c. If yes, are the psychotropic medications being used in compliance with the appropriate OARs?	➢ Physician's written order is present.
	➢ Evidence that the prescribing physician, ISP team and program are monitoring the behaviors of the person. Medication is promoting desired responses and decreasing adverse consequences.
	➢ When psychotropic medication is prescribed to alter thought process, mood or behavior, the protections described in the OAR must be met:
	  ➢ According to the Adult Foster Home Administrative rule **309-040-0052,** the balancing test documents the health care provider's decision that the benefits of the medication outweigh the potentially harmful effects of the medication. It is obtained annually from the prescribing physician or nurse practitioner.
	  ➢ According to the Comprehensive 24 Hour Residential Services for Children and Adults with Developmental Disabilities Administrative rule **411-325-0010 - 411-325-0480**, a SPD approved Balancing Test form is present, following the first prescription of the psychotropic medication. There is evidence of a balance test being completed annually, if medication is continued.
	➢ PRN/Psychotropic medication is prohibited. Only in very rare circumstances have variances been permitted. If psychotropic medication is administered, a variance is in place and followed.
	➢ OAR 411-325-0360 (3) requires that the provider keep signed copies of the DHS Balancing Test form in the individual's medical record for seven years. If relevant, is the documentation present?

5. Is durable medical equipment:	
a. Clean?	➢ Is there rust, dirt or other substance that prohibits use of the equipment? ➢ Are there odors that permeate the equipment?
b. In good repair?	➢ Is it operational? ➢ Do the moving parts move freely and without obstructions? ➢ Are batteries present? (if necessary)
c. Being used?	➢ Equipment is being used as prescribed. ➢ Staff know where to find equipment. ➢ Person and staff know the purpose and how to use the equipment.
d. Is a change of equipment needed?	➢ Does equipment appear to fit the individual? ➢ Does the equipment work toward the intended purpose? ➢ Concerns with the equipment or its continued effectiveness are noted. ➢ Does new equipment need to be requested? ➢ Are the appropriate forms and processes being utilized for acquiring the new equipment?
e. Does the program need assistance from the service coordinator regarding equipment?	➢ Identify in the notes section the activities that the Services Coordinator will follow up on, such as researching equipment options, requests for payment, etc.
6. If the ISP Team has determined that a Health/ Medical Problem list is warranted, are the identified issues being monitored?	➢ A review of the ISP Risk sheet indicates that the person has a Health/Medical Problem list ("yes" box would be checked). ➢ The Health/Medical Problem list is found as indicated on the ISP. ➢ A review of the Health/Medical Problem list shows areas requiring attention, and plans for remedying the problems. ➢ There is documentation that follow through is occurring and outcomes of appointments and/or other activities are noted.
7. Are there RN delegated or assigned tasks?	➢ Only RN's can delegate tasks of nursing care. Is there documentation to verify that the delegation was made by a RN? ➢ In order to delegate, the RN must conduct an assessment which evaluates: whether the individual receiving treatment is stable and predictable; the setting and the circumstances; the task of delegation (the complexity, risks involved, skills necessary to safely perform, how often the task needs to be reassessed, and whether the task can be performed without direct RN supervision); and the ability of the unlicensed person to perform the task safely. Is there evidence of such an assessment? ➢ Is there evidence that staff assigned to complete the delegated tasks have been trained? ➢ The RN should leave a procedural guidance as reference (written directions to refer to) which should include: a specific step by step outline of how the task of nursing is to be performed; signs and symptoms to be observed; guidelines for what to do if negative signs and symptoms do occur; evidence that the caregiver understands the risk involved in performing the task and knows the plan for dealing with the consequences; and instruction on who to contact when bad outcomes or concerns are noted.

	➢ Is the delegation being monitored? OAR 851-047-0030(4) states that the delegating RN must periodically observe the competence of the caregiver to perform the task on the person receiving care. Is there evidence that the delegating RN is determining the caregiver's capabilities to safely perform the nursing task?
a. If so, is the training/ delegation current?	➢ Is their evidence that the RN is reviewing the activities related to the delegation on a regular basis and providing training as necessary?
b. Do the records indicate that the delegation has been updated as required?	➢ The RN must determine how often the individual's condition must be reassessed in order to determine that s(he) remains stable and their condition predictable. ➢ The RN must also determine how often the care provider will require supervision and re-evaluation to determine their continued competency in performance of the task. ➢ OAR 851-047-0030(4) states supervision and re-evaluation must occur within at least 60 days from the date of initial delegation. Thereafter, the less likely the individuals condition will change and/or the greater the skill of the care provider, the greater the interval between assessment /supervisory visits may be. The interval between assessment/ supervisory visits may be no greater than every 180 days. ➢ Is the nursing care plan/medical support plan current and reflective of this delegation?

8. If a health care representative is in place, is the appointment current? (applies to adults only)	➢ According to OAR 309-041-1550, the appointment shall be valid for only one year and shall be reviewed for revocation sooner if there is any indication that the duties of these rules are not being fulfilled, or if the individual regains capacity to make a health care decision.
	➢ The appointment is only valid when the form approved by the Department is completed.
	➢ The health care representative must be a capable adult and must be willing to serve as the health care representative.
	➢ It is important to remember safeguards that are identified in OAR 309-041-1600 which include:
	  • the individual and any advocate named to the ISP team by the individual must be included in the ISP team and may not be excluded when discussing issues of capability, appointing a health care representative or discussing a significant medical treatment or procedure;
	  • the composition of the ISP team may not be changed to override the objection of any member of the ISP team
	  • the health care provider must exercise the same independent medical judgment that he/she would exercise in following the decisions of the individual if they were capable of making them.

Behavior Service Review

	Checklist Item	Things that may be considered during review
1.	Is a Functional Assessment present?	➢ Functional assessment relies on information provided by one or more persons who know the individual. ➢ Functional assessment provides a clear, measurable description of the behavior, including frequency, duration and intensity of the behavior. ➢ A clear description and justification of the need to alter the behavior is provided. ➢ The meaning of the behavior is addressed (i.e. is the behavior an effort to communicate? the result of medical conditions? the result of psychiatric conditions? the result of environmental causes or other factors?) ➢ The Functional Assessment describes the context in which the behavior occurs. ➢ There is a description of what currently maintains the behavior.
2.	Is a Behavior Support Plan (BSP) in place?	➢ Have there been increases in SERT reports which may prompt consideration of a Behavior Support Plan (BSP)? ➢ The BSP provides an individualized summary of the person's needs, preferences and relationships. ➢ The BSP provides a summary of the functions of the behavior. ➢ The BSP includes strategies; suggested environmental modifications if appropriate; early warning signs; a general crisis response plan; and a plan to address post crisis issues. ➢ There is evidence that information gained through the Functional Assessment is being incorporated into the BSP. ➢ There is evidence that the BSP is being implemented. ➢ When was the BSP last reviewed or updated? ➢ There is documentation of team approval for the BSP and any objections or concerns have been documented.
a.	If data is required, is it current?	➢ Data regarding the behaviors that are being tracked validates the implementation of the BSP and determines that the right information is being collected. ➢ In many foster homes, (children's in particular) the need to keep data does not seem important if the BSP is working. This could be a conversational point during visits.
b.	Is there documentation that data is being reviewed for continued need of the Behavior Support Plan?	➢ The data reviews frequency, duration and/or intensity of the behavior. ➢ Is the documentation current? Are there signs of revising or ending the plan based on data?
3.	If consultation was identified as a need by the team, has it been provided?	➢ Consultation arranged and provided for in a timely fashion. ➢ Documentation exists, indicating evaluation of the effectiveness of the consultation.
4.	Regarding Incident Reports:	➢ OAR 411-325-0020(42) states that an Incident Report "means a written report of any injury, accident, act of physical aggression or unusual incident involving an individual.

a. Does a review of records indicate that unusual incidents or SERTs are being reported?	➢ OAR 411-320-0020(68) defines unusual incidents (SERT related issues) as "incidents involving serious illness or accidents, death of an individual, injury or illness of an individual requiring inpatient or emergency hospitalization, suicide attempts, a fire requiring the services of a fire department, or any other incident requiring abuse investigation." ➢ A matrix (SERT Table 2.1.3) for Reporting Serious Events is located in the SPD SERT Manual, page 17. The matrix identifies what events are considered a SERT for individuals in specific services. ➢ For example, those individuals served in an Adult 24 hour Residential program or Adult Foster Care, would have a SERT entry for any of the following events: Death; Physical Injury (Physical Abuse); Willful infliction of Pain (Injury/Pain)/ Sexual Harassment/Exploitation; Failure to Act/Neglect; Verbal Mistreatment with implied threat; Restricting Freedom of Movement; Restraints; Financial Exploitation; Inappropriate use of Personal Funds; Medical Hospitalization; Emergency Room Visit; Psychiatric Hospitalization; Police, Fire or Ambulance; Criminal referral made. ➢ In some cases, SERT events will also be referred as allegations of abuse. ➢ Abuse definitions may vary based on an individuals age, living situation or provider of service at the time of the incident. ➢ Abuse may include: death, physical injury other than accident; willful infliction of physical pain; sexual harassment or exploitation; failure to act/neglect; verbal mistreatment with implied threat; placing restrictions on an individual freedom of movement; use of restraints not specified in the ISP/individual health and safety at risk; financial exploitation; inappropriately expending an individuals personal funds
b. Do the Administrative reviews describe actions to be taken to prevent future occurrence?	➢ The Administrative Review section of the IR should reflect administrative oversight and an understanding of the situation. In some cases additional follow up to discuss potential changes in support with other members of the team may be warranted. ➢ Any action needed and the plan to deliver the action should be documented. ➢ The administrator's signature and date should also be present.
5. If an OIS maneuver is used, is it clearly described in the BSP?	➢ OAR 411-320-0350 states: Physical intervention techniques shall only be applied: • when the health and safety of the individual and others is at risk, and the ISP team has authorized the procedures as documented by an ISP team decision; • when the procedures included in the ISP are intended to lead to less restrictive intervention strategies; • as an emergency measure, if absolutely necessary to protect the individual or others from immediate injury; or • as a health related protection prescribed by a physician, if absolutely necessary during the conduct of a specific medical or surgical procedure, or for the individual's protection during the time that a medical condition exists. ➢ Services Coordinators may not have received training in OIS, or may

	have a limited functional knowledge of OIS strategies. However, Services Coordinators can identify whether physical restraints are occurring through IR reviews, and then note whether the BSP reflects this as an appropriate strategy. ➢ The physical intervention technique and the behavior for which they are applied are clearly outlined in the individual's behavior support plan and the OIS curriculum. ➢ Observations of staff indicate that they are trained on individual specific holds. ➢ An instructor certified in OIS must train staff using physical intervention techniques. Although documentation may not be readily available, this fact is an important one to keep in mind. ➢ Monthly practices of OIS techniques involving physical restraint are also required, but documentation may not be readily available. Again, this is a helpful fact to keep in mind.
6. Are there emerging behavioral concerns that should be discussed with the team?	➢ Incident or progress reports are reviewed for any evolving patterns that cause concern. ➢ When observing, identify any concerns or changes in mood, affect, or communication. ➢ Concerns expressed verbally are also noted in writing. ➢ Documentation of a plan for following up on concerns. ➢ For the individual that does not have a behavior support plan but needs occasional support when upset, it is helpful for staff to know the individuals preferences and any known strategies that assist in stabilizing the individual.
7. From your observations, and data documentation review, were behavior plans implemented as described?	➢ Reinforcements are followed through on. ➢ Efforts are made to communicate with the individual to help his or her understanding of the behavior plan. ➢ Staff are consistent in implementing elements of a behavior support plan. ➢ Interactions between staff and individual are respectful.

Financial and Personal Property Service Review

Checklist Item	Things that may be considered during review
1. Is the ISP financial management plan being implemented?	➢ The Risk Tracking Record asks a single question regarding the ability of someone to manage their own money. It directs providers to design a Financial Management Plan for anyone who needs any assistance to manage his or her money. If the RTR indicates that need, then there should be a corresponding Financial Management Plan. ➢ For those providing 24 hour residential services, the Financial Management Plan form is required by SPD. There should be no variations to the form. For those providing foster care services, the financial management plan is included in the SPD mandated foster care ISP form. ➢ Do savings and expenditures reflect the individual's preferences as identified in the Financial Management Plan? ➢ Is it clear that the individual has access to their money? The agency's responsibility is to provide assistance to the individual in managing their own money only to the extent that they need help. ➢ Is there evidence that the individual's wishes have been respected, particularly in circumstances where limits have been placed on their spending?
2. Records were available and included **(for 24 Hour Residential programs):**	➢ Individual records are maintained separately. ➢ Current Room and Board amount and the offset amount are documented, and the correct offset amount is being paid by the individual. ➢ Financial receipts according to the individual's Financial Management Plan are kept. ➢ If wages are being reported to Social Security, are they accurately reported? ➢ Are correct change reports being provided to the local DSO?
a. The date, amount & source of income received;	➢ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable
b. The date, amount and purpose of funds disbursed;	➢ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable ➢ Purchases made on behalf of an individual must be documented with receipts. Review the Financial Management Plan for details regarding guidelines agreed upon by the individual and the ISP team for spending money, paying bills, how purchases will be made and the agreed upon protocol for maintaining receipts. ➢ Providers are required to reimburse the individual any funds that are missing due to theft or mismanagement on the part of the provider, resident manager or substitute care giver, or for any funds within the custody of the provider that are missing. Reimbursement must be made within 10 working days following verification of missing funds. An IR should be evidence of such activity. In the event of a math error, corrected by the provider which does not result in any missing money, an IR is adequate. A referral for a Protective Service Investigation should be initiated in the case of missing money or receipts that are not a result of an administrative/math error. Because not all situations will result in a protective services investigation, the Services Coordinator or other designated staff should discuss the situation with the OIT regional coordinator to evaluate whether a PSI is warranted.

c. A signature of the staff making each entry.	➢ Signature is present
2. Records were available and include **(for Adult Foster Care programs):**	➢ (OAR 411-360-01700): For those individuals not yet capable of managing their own money, as determined by the ISP Team or guardian, the provider(s) must prepare and maintain a separate and accurate written record of all money received or disbursed on behalf of or by the individual.
a. The date, amount and source of income received;	➢ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable.
b. The date, amount and purpose of funds disbursed;	➢ Purchases of $10.00 or more made on behalf of an individual must be documented with receipts unless a smaller amount is otherwise specified by the ISP Team. ➢ Review to verify that Personal Incidental Funds (PIF) are used at the discretion of the individual for such things as clothing, tobacco, and snacks (not part of the daily diet) and addressed in the ISP. ➢ Each Resident Account Record must include the disposition of the room and board fee that the individual pays to the provider at the beginning of each month. ➢ The record must show that part of the fee was used to pay for the individual's share of the upcoming month's rent. ➢ The remaining portion of the room and board fee must be used for the provision of meals, laundry, and housekeeping to the individual. ➢ Providers are required to reimburse the individual any funds that are missing due to theft or mismanagement on the part of the provider, resident manager or substitute care giver, or for any funds within the custody of the provider that are missing. Reimbursement must be made within 10 working days following verification of missing funds. An IR should be evidence of such activity. In the event of a math error, corrected by the provider which does not result in any missing money, an IR is adequate. A referral for a Protective Service Investigation should be initiated in the case of missing money or receipts that are not a result of an administrative/math error. Because not all situations will result in a protective services investigation, the Services Coordinator should discuss the situation with the OIT regional coordinator to evaluate whether a PSI is warranted.
c. A signature of the staff making each entry.	➢ An initial by the person making the entry is adequate.
2. Records were available and include **(for Children's Foster Care programs):**	➢ Individual records are maintained separately if the provider manages or handles the child's money ➢ Each child's financial record documents the receipt of the room and board fee that is paid to the provider at the beginning of each month

a. The date, amount and source of income received;	➢ Cross outs (with a single line and initial) are ok. White out, blackened entries or "neatened-up" entries are not acceptable.
b. The date, amount and purpose of funds disbursed;	➢ Any single item over $25 purchased with the child's personal funds unless otherwise indicated on the child's ISP, is documented including receipts and found in the child's financial record. ➢ Documentation that the ISP team has addressed how the child's personal spending money will be managed and documented. ➢ If the child has a separate commercial bank account, records from that account must be maintained with the financial record.
c. A signature of the staff making each entry.	➢ Signature is present.
3. Savings Account:	
a. Review of latest reconciled bank statement?	➢ Review statements of one or two month's prior.
b. Savings account balance accurate?	➢ Balance in savings account and the providers records match. ➢ It might be helpful to record the savings account balance, for future reference.
4. Checking Account:	
a. Review of latest reconciled bank statement?	➢ Keep in mind that reconciliation of bank accounts may be a couple months behind. More extensive delays in reconciliation may be a discussion point.
b. Checking account balance accurate?	➢ There are no overdrafts or other unexplained charges noted. ➢ It might be helpful to record the checking account balance, for future reference.
5. Individual Cash on Hand:	➢ This category refers to the cash that an individual has immediately available to them. This is not to be confused with the programs petty cash account. ➢ Does the individual have cash on hand?
a. Review individual cash on hand	➢ Records are in place documenting how individual receives and spends cash.
b. Are tracking methods in place?	➢ Records match cash on hand.

a. Individual cash on hand balance accurate?	➤ It might be helpful to record on this form the checking account balance, for possible future reference.
6. If any discrepancy is noted, is there documentation of follow- up?	➤ If funds were found by the program to be missing, was an IR written? Was the service coordinator alerted? Was the money repaid? Was a referral for a PSI made? If not, was the OIT Regional Coordinator consulted? ➤ Documentation notes resolution, or plan for resolving the discrepancy and any follow up activity.
7. Is there a personal Property Record?	➤ Documentation indicates possession and control of the items purchased. ➤ The item matches the receipt of purchase. ➤ Items are physically present. ➤ All items of value are noted (including items of sentimental value). ➤ Items are not locked away from the individual's use, unless there is a variance and the ISP team supports the locking of particular items. ➤ OAR 411-320-0170 (3) requires the following documentation: description and identifying number, if any; date of inclusion in the record; date and reason for removal from record; signature of provider(s) making each entry; and a signed and dated annual review of the record for accuracy.
a. Is there evidence that the personal property record has been updated annually?	➤ Date of last purchase is relatively current. ➤ Purchases are made on a somewhat regular basis.
b. Are items purchased reflected on the personal property record as required by the residential rule or the ISP?	➤ The items you observe are listed on the property record. ➤ Purchased items are consistent with the activities and preferences noted in the ISP.

ISP Service Review

Checklist Item	Things that may be considered during review
1. Are services being provided as described in the plan document?	➢ Does the plan document include action plans that help guide those providing supports to implement the services? ➢ There is evidence that activities or objectives identified in the ISP are being carried out. ➢ If the opportunity for conversation arises, and the individual has the interest and capacity for responding, ask questions as to whether (s)he is aware of what the ISP says, and whether things are happening the way they had hoped and planned. ➢ Are forms mandated by SPD, being used?
2. Are action plans and individualized goals being implemented?	➢ Action planning is generally around: things the team wants to enhance or maintain in the person's life; things that need to be changed or stopped; new things the person wants to try; specific supports that need to be in place. ➢ Are needed changes clearly identified by the individual and the team? ➢ Are there measurable steps identified to meet specific outcomes? Does the team know how often the steps will occur? Is there information that describes how one knows that the outcome is met? ➢ Is there a written record of the action plan agreed to through the ISP team? ➢ Are there commitments that team members make, and are they in writing? ➢ Is the Action plan a blended plan, with all members of the team contributing to the person's goals?
3. Are the personal desires of the individual, the individual's legal representative or the individual's family addressed through the ISP process?	➢ Is there some meaningful changes occurring in the persons life, as a result of the ISP? ➢ Do the services provided for in the plan continue to meet what is important to and for the individual? ➢ Do the services in the ISP clearly relate to the Personal Focus Worksheet and address personal desires? ➢ The personal, civil and legal rights of the individuals are protected in accordance with the CDDP Administrative rule. ➢ There are variances in place and/or addressed in the ISP, if certain individual rights must be abridged. ➢ Has the team identified a desired outcome? If so, look for a statement that describes how the person's life will be different when the plan is successful.
4. Do the services provided for in the plan continue to meet what is important to and for the individual?	➢ Do the services in the ISP clearly relate to the Personal Focus Worksheet and address personal desires? ➢ Addenda demonstrate that the ISP team is striving to continually address the principles of choice, preference, personal control and decision making. This is evidenced by documentation of ongoing and appropriate changes to services provided.

5. Are addenda to the current ISP present documenting change and adjustments?	➢ Addenda demonstrate that the ISP team is striving to continually address the principles of choice, preference, personal control and decision making. This is evidenced by documentation of ongoing and appropriate changes to services provided. ➢ There are three kinds of changes: When something on the ISP is modified; when something on the ISP has been deleted; and when any new item is added after the plan has been approved. The modified, discontinued or addition box has been checked on the addendum form. ➢ Completing an addendum does not require a meeting, but there should be evidence of communication amongst the team members. The person's name and implementation date should be recorded. ➢ Changes are written as they appear in the ISP (or are attached) along with a reason for the change. ➢ The party initiating the addendum is responsible for communicating with team members, completing the form, obtaining signatures and sending copies to team members. ➢ Agreement to the change is listed, either by signature or note, as outlined in the ISP. ➢ ISP additions MUST be attached to all copies of the plan to ensure that the plan is consistent across residential and employment providers. ➢ When several changes are made to the ISP at the same time, as many additional Addendum pages as necessary may be attached to the signature page, provided all the pages are numbered and stapled together.

Facility Review

Checklist Item	Things that may be considered during review
1. Is facility clean and free from offensive odors?	➢ Home clean by reasonable standards (i.e. there are no observable health or safety risks for people living at the home). ➢ Home is relatively free from visible dirt, insects or other pests, trash. ➢ No unusual or offensive odors (e.g. urine, feces, spoiled food, and garbage) are present.
2. Is facility well maintained?	➢ The home is in good repair (windows, doors, steps, walls, railings, etc.). ➢ Appliances appear to be working. ➢ Complaints about facility issues are not excessive. ➢ There are no complaints from the community regarding the home. ➢ If community or neighborhood complaints are noted, is any follow needed? Is follow up occurring?
3. Are grounds maintained?	➢ There are no items in the yard that constitute a health or safety risk. ➢ No items waiting for a "dump run" (old or broken furniture, Christmas trees, excess garbage, etc. that have been present for a long time). ➢ Cigarette butts are in designated container. ➢ Yard is free of pet feces.
4. Are staff interactions with individuals they serve respectful, attentive & positive?	➢ Language is appropriate to the age of the person. ➢ Staff engages in eye contact, and are respectful in their conversation. ➢ Interactions reflect kindness and are overall positive in nature. ➢ When direction is required, staff communicate in clearly and pro-actively.
5. Are fire safety skills being assessed on a regular basis and documented?	➢ Does the fire drill log reflect practice and supports as necessary? ➢ OAR 411-325-0250 (24 Hour Residential rule) and OAR 411-360-0130 (e)(A) (Adult Foster Care rule) require unannounced evacuation drills to occur when individuals are present, once per quarter each year. ➢ At least one drill a year must occur during the hours of sleep. ➢ Drills must occur at different times of the day, evening and night shifts with exit routes being varied based on the location of a simulated fire. ➢ Written documentation must be made at the time of the fire drill and records must be kept for at least two years following the drill. ➢ Documentation should contain: date and time of drill; location of simulated fire; names of all individuals and staff present on the premises at the time of the drill; type of evacuation assistance provided by staff to individuals' as specified in each individual's safety plan; amount of time required by each individual and staff to evacuate; signature of the staff conducting the drill. ➢ OAR 411-325-0250(3) (24 hour residential rule) OAR 411-360-0130 (g) (Adult Foster Care rule) state that smoke alarms or detectors and protection equipment shall be inspected and documentation of inspections are maintained as recommended by the local and/or State Fire Marshall. ➢ Are any specific fire safety needs identified in the individual's safety plan? And if so, are they being addressed?
6. Are there any other health or safety concerns?	➢ Does the program need any assistance from the services coordinator in addressing concerns?